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January 22, 2013

TO: Each Supervisor

FROM: Jonathan E. Fielding, M.D., M.P.H.
Director and Health Officer

SUBJECT: ANNUAL INSPECTION OF DETENTION FACILITIES OPERATED BY LOS ANGELES COUNTY SHERIFF'S DEPARTMENT, CALENDAR YEAR 2012

Pursuant to Section 101045 of the California Health and Safety Code, the Department of Public Health (DPH) has completed the annual inspections for compliance with nutritional and medical standards at the detention facilities operated by the Sheriff's Department. The inspection reports are attached for your review and indicate no critical or high risk violations were observed at time of inspection.

The findings were reviewed with the responsible parties present during the inspection, and the appropriate actions were recommended to correct the deficiencies noted in the reports. Copies of the inspection reports are being provided to the Sheriff's Department Chief of Custody Division and the State of California, Corrections Standards Authority. With the exception of the enforcement activities related to food service operations, the Health Officer's role in Detention facilities is advisory and the responsibility for enforcement lies with the State of California, Corrections Standards Authority.

In 2012, DPH did not conduct the food safety and sanitation evaluations at the detention facilities, as DPH was undergoing a re-tooling and training of replacement inspection staff. New staff are now in place and the 2013 Environmental Health evaluations will be conducted in 2013 consistent with our ongoing agreement with the Board of State and Community Corrections.

If you have any questions or need additional information, please let me know.

JEF:no

Attachments

c: Chief Executive Officer
County Counsel
Executive Officer, Board of Supervisors
Sheriff
Chief of Custody Division, Sheriff's Department

**LIST OF DETENTION FACILITIES OPERATED BY THE
LOS ANGELES COUNTY SHERIFF'S DEPARTMENT**

Name of Facility	Address
Altadena Sheriff Station	780 East Altadena Drive Altadena, CA 91001
Avalon Sheriff Station	215 Sumner Ave. Avalon, CA 90704
Carson Sheriff Station	21356 South Avalon Blvd. Carson, CA 90745
Century Lynwood Sheriff Station	11703 South Alameda St. Lynwood, CA 90262
Century Regional Detention Facility	11705 Alameda St. Lynwood, CA 90262
Cerritos Sheriff Station	18135 Bloomfield Ave. Cerritos, CA 90701
City of Industry Sheriff Station	150 North Hudson Ave. City of Industry, CA 91744
La Crescenta Sheriff Station	4554 North Briggs Ave. La Crescenta, CA 91214
East Los Angeles Sheriff Station	5019 East 3 rd Street East Los Angeles, CA 90022
Inmate Reception Center	450 Bauchet St. Los Angeles, CA 90012
Lakewood Sheriff Station	5130 Clark Ave. Lakewood, CA 90712
Lancaster Sheriff Station	501 West Lancaster Blvd. Lancaster, CA 93534
Lomita Sheriff Station	26123 Narbonne Ave Lomita, CA 90717
Los Hills Sheriff Station	27050 Agoura Rd. Calabasas, CA 91301
Malibu Los Hills Sheriff Station	27050 Agoura Rd. Agoura Hills, CA 91301
Marina Del Rey Sheriff Station	13851 Fiji Way Marina Del Rey, CA 90272
Men's Central Jail	441 Bauchet St. Los Angeles, CA 90012
North County Correctional Facility	29340 The Old Road Saugus, CA 91384
Norwalk Sheriff Station	12335 Civic Center Dr. Norwalk, CA 90650
Palmdale Sheriff Station	750 East Avenue Q Palmdale, CA 93535
Peter J Pitchess – Ranch Facility	23910 The Old Road Castaic, CA 91350

Pico Rivera Sheriff Station	6651 Passons Blvd Pico Rivera, CA 90660
Peter J. Pitchess – South Facility	29330 The Old Road Saugus, CA 91384
Pitchess Detention Center – East	29340 The Old Road Saugus, CA 91384
Pitchess Detention Center- North	29300 The Old Road Saugus, CA 91384
San Dimas Sheriff Station	270 S. Walnut Ave San Dimas, CA 91773
Santa Clarita Sheriff Station	23740 Magic Mountain Parkway Santa Clarita, CA 91355
South Los Angeles Sheriff Station	1310 Imperial Highway Los Angeles, CA 90044
Temple City Sheriff Station	8838 East Las Tunas Dr. Temple City, CA 91780
Twin Tower I	450 Bauchet St. Los Angeles, CA 90012
Walnut Sheriff Station	21695 East Valley Blvd Walnut, CA 91789
West Hollywood Sheriff Station	720 North San Vicente Blvd. West Hollywood, CA 90069

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: ALTADENA SHERIFF STATION		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 780 EAST ALTADENA DRIVE ALTADENA, CALIFORNIA 91001 (626) 798-1131 <div style="float: right; text-align: right;"> 24.93 #254245 22 </div>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: July 19, 2012	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SERGEANT: MARSHA WILLIAMS, E-mail: MIWILLIA@LASD.ORG (626) 798-1131			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – ALTADENA SHERIFF STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

Provide an approved kitchen for this facility.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: AVALON SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 215 SUMNER AVENUE AVALON, CALIFORNIA 90704 (310) 510-0174				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I: X	TYPE II:	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: JULY 10, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Carol Dumont, Catalina Island Medical Center Dietitian, Email: (310) 510 -0700 SGT. BRAD BRODY, E MAIL: babrody@lasd.org (310) 510-0174				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – AVALON STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

Title 15, Article 12 Food

1241 Minimum Diet

Protein Group: Provide fourth serving of legumes three days per week. Investigation revealed legumes not provided in some weeks.

Vegetable-Fruit Group.

1. Provide one serving of a fresh fruit or vegetable every day. Investigation revealed lacking of this category on Day 2.
2. Provide one serving of a Vitamin A source containing 200 micrograms Retinol Equivalents (RE) or more. Investigation revealed lacking of this category on Day 11.
3. Increase the fruit juice portion size to minimum 6 oz. (As per Title 15, Article 12 requirements.)

Total dietary fat does not exceed 30 percent of total calories on a weekly basis. Replace the whole milk with nonfat (or 1%) milk, to decrease the menu fat content. (As per Title 15, Article 12, to meet key recommendations for fat in the 2005 Dietary Guidelines for Americans.)

1242 Menus

Submit a registered dietitian approves menus with signature and date to the Health Department.

1243 Food Service Plan

Facility administrator:

Develop a food service plan that includes the elements listed in this section. The inspection revealed the food service plan was not updated as necessary. Train and supervise detention officers/kitchen employees continuously to ensure consistent implementation of the policy and procedures upon completion of the food service plan.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: CARSON SHERIFF STATION		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 21356 SOUTH AVALON BOULEVARD CARSON, CALIFORNIA 90745 (310) 830-1123 </div> <div style="text-align: right;"> #254218 24:93 18 </div> </div>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: July 26, 2012	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): E MAIL REPORT TO: CAPTAIN Bernice Abram , E MAIL: bkabran@lasd.org LIEUTENANT Joseph Dempsey ; E MAIL: jedempse@lasd.org SGT Hinkey Sean : E MAIL: rjanders@lasd.org Jailer Adm: Glynn Brayan bkglynn@lasd.org 310-830-1123			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION -2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – CARSON STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT FACILITY HEALTH INSPECTION REPORT**Adult Type I, II, III and IV Facilities
Health and Safety Code Section 101045**

CSA #: _____

FACILITY NAME: Century Lynwood Sheriff Station		COUNTY: Los Angeles		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 11703 South Alameda Street Lynwood, California 90262 323.568.4500				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	Type I: X	Type II:	Type III:	Type IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: June 1, 2012		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Tia Mao, RN, BSN, MSHCM, PHN; Medical/Mental Health Evaluator; 626.430.5406				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Guillermo Casillas, deputy; 323.568.4510				

This checklist is to be completed pursuant to the attached instructions.

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF MEDICAL EVALUATION – 2012
CCR Title 15, Health and Safety Code Section 101045
CENTURY LYNWOOD SHERIFF STATION

This Sheriff Station is uniquely established where the jail and Sheriff deputies are under different management. The deputies report directly to the Sheriff Station and the jail deputies report directly to the Custody Division. The station only houses pre-arraign male inmates and conducts female bookings for Century Lynwood Station, Compton Sheriff Station, Transit Service Bureau, CHP, Parole and CRDF.

Due to the increase in cases of Methicillin Resistant Staphylococcus Aureus (MRSA) identified in the Los Angeles Community, and the number of diagnosed cases of MRSA now housed in segregated housing in Los Angeles County Sheriff's Jails, the Health Officer has advised that the initial medical screening of inmates performed by deputies/custody officers prior to admission into a custody setting should include a medical assessment for skin lesions.

The emergence of MRSA as a cause of inmate skin and soft tissue infections presents a challenge to correctional facilities, health care providers and public health agencies. During the annual inspections of detention facilities, inspectors have been advised of cases of MRSA among custody staff. To reduce exposure and infection in custody staff, they are encouraged to wash hands frequently, use a hand sanitizer between hand washing and disinfect used handcuffs with MRSA killing disinfectant. The product should specifically state that it will kill MRSA. Products that kill MRSA can be found at the Sheriff's Central Supply Department. The product names have been given to each station jails to be ordered and for usage.

The current practice in all detention settings at the time of booking is to screen inmates for communicable diseases such as Tuberculosis, sexually transmitted disease, HIV/aids and hepatitis. The medical screening process should be modified to include observations for suspect skin lesions, and a question that asks the inmate if he/she has any sores, boils, pimples, lumps, rashes, enlarged non tender lumps under the arms, on the neck or in the groin area, any spider/insect bites or any skin infections/lesions anywhere on the body.

Should a suspect lesion be identified on a "Remand" from Court, current medical recommendations advises cover small lesions with a Band-Aid/dressing. Large open wounds require the usual medical approval prior to booking into the custody setting.

Based on Facility Specific Manual, staff interview and facility jail walk through, the following deficiency have been identified:

1. In the absence of medically trained personnel, at the time of intake into the facility, an inquiry should be made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other emerging special medical problems such as MRSA. The response to observations and questions regarding skin lesions should be documented on the medical screening form. The County Public Health Authority has identified MRSA as an evolving medical problem in the community. (T-15-1051 and T-15-1207)
2. The sick call policy is in place; however, there were no evidence of sick call performed on a daily basis. Sick call should continue to be documented on the jail log or in the new computer system "UDAL." Because station jails function differently than custody, pill call can be used interchangeably with sick call within the UDAL system. (T-15-1211)

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: CENTURY REGIONAL DETENTION FACILITY		COUNTY: LOS ANGELES			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 11705 ALAMEDA STREET LYNWOOD, CALIFORNIA 90262 (323) 357-5131					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II:	TYPE III: X	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
NUTRITIONAL EVALUATION			DATE INSPECTED: July 24, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): DAVID HANEY, Operations Sergeant E MAIL: dohanev@lasd.org (323) 568-4603 Jimmy Ladesma, FOOD SERVICE MANAGER (323) 568-4500, (323)568-4603					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION – 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – CENTURY REGIONAL DETENTION
FACILITY**

This report reflects the findings by the Los Angeles County Department of Public Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

This facility appears to meet the minimum nutritional health standards of Title 15, California Administrative code for a Type III Facility.

If you have any questions, please contact Phil Dao at pdao@ph.lacounty.gov or at (818) 902 - 4453.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: CERRITOS SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 18135 BLOOMFIELD AVENUE CERRITOS, CALIFORNIA 90701 (562) 860-0044 </div> <div style="text-align: right;"> #257701 24:93 25 </div> </div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: May 9, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): L T. RICHARD HARPAM, EMAIL: JHARPHA@LASD.ORG E mail report to: Caldron mike, ADMINISTRATIVE JAILER E (562) 860-0044				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – CERRITOS STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

This facility appears to meet the standard requirement of meal service and minimum diet defined in Title 15, Article 12 Food, California State Code of Regulations for Type I holding facility.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: CITY OF INDUSTRY SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 150 NORTH HUDSON AVENUE CITY OF INDUSTRY, CALIFORNIA 91744 (626) 330-3322				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I: X	TYPE II:	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED: 24.93 #254249 24		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: June 13, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Peter Ramirez ,CUSTODY ASSISTANT; E MAIL: paramire@lasd.org 626-330-3322 Adkins, Jailer Lt. Raymond Enriquez; E-mail: renriqu@lasd.org				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – CITY OF INDUSTRY STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: EAST LOS ANGELES SHERIFF STATION		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 5019 EAST 3RD STREET EAST LOS ANGELES, CALIFORNIA 90022 (323) 264-4151 </div> <div style="text-align: right;"> #254250 24:93 13 </div> </div>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): 			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): 			
NUTRITIONAL EVALUATION		DATE INSPECTED: July 24, 2012	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): LT. Daniel Lopez email: dblopez@lasd.org Sgt. Thomas Smith email: t1smith@lasd.org (323) 264-4151 FAX:(323) 267-0637 Resendez Stephen Jailer Iniguez, Adm Jailer			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): 			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): 			

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – EAST LOS ANGELES STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation.

ADULT COURT AND TEMPORARY HOLDING FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: INMATE RECEPTION CENTER		COUNTY: LOS ANGELES
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 450 BAUCHET STREET LOS ANGELES, CALIFORNIA 90012 (213) 893-5165		
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	COURT HOLDING FACILITY: X	TEMPORARY HOLDING FACILITY:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		
NUTRITIONAL EVALUATION		DATE INSPECTED: JULY 17, 2012
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): DEPUTY GUERRERO, DENISE, IRC LOGISTICS (213) 473-6540 DDGUERRE@LASD.ORG		
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):		
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):		

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL HEALTH EVALUATION – 2012
LOS ANGELES COUNTY SHERIFF - INMATE RECEPTION CENTER**

1243 Food Service Plan

Facility administrator:

Develop a food service plan that includes the elements listed in this section. The inspection revealed the food service plan was not updated as necessary. Train and supervise detention officers/kitchen employees continuously to ensure consistent implementation of the policy and procedures upon completion of the food service plan.

If you have any questions, please contact Phil Dao at pdao@ph.lacounty.gov or at (818) 902 - 4453.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: LA CRESCENTA SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 4554 NORTH BRIGGS AVENUE LA CRESCENTA, CALIFORNIA 91214 (818) 248-3464 </div> <div style="text-align: right;"> 24.93 #254253 15 </div> </div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: July 19, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Mc Kenzie, Jailer Holwager Stacy, Adm. Jailer Sgt. Gary Ogurek, Jail Administrator gaoquirek@lasd.org (818) 248-3464 Lt. Edwards Tanya				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – LA CRESCENTA STATION**

This report reflects the findings by the Los Angeles County Department of Public Health regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: LAKEWOOD SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 5130 CLARK AVENUE LAKEWOOD, CALIFORNIA 90712 (562) 866-9061 </div> <div style="text-align: right;"> 254254 24:93 29 </div> </div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: May 9, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Guerra, Jailer Till, Jailer Deputy Limbrick Anita, E MAIL; aalimbri@lasd.org, Martin Acosta, JAIL SGT. E Mail: macosta@lasd.org , Lt. MINH DINH; E Mail: IMGDINH@lasd.org (562) 866-9061 ext 4230				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION -2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – LAKEWOOD STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: LANCASTER SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 501 WEST LANCASTER BOULEVARD LANCASTER, CALIFORNIA 93534 (661) 948-8466 </div> <div style="text-align: right;"> 24.93 #254246 78 </div> </div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: May 1, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): LT. EDWARD RAWLSTON , Email : ERAWST@lasd.org SGT. THERSA DAWSON Email: TADAWSON@LASD.ORG JEFF LANGLEY, JAILER ADM JLANGLEY@LASD.ORG 661 940-3831 (661) 948-8466 X4062				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – LANCASTER STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: LOMITA SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 26123 NARBONNE AVENUE LOMITA, CALIFORNIA 90717 (310) 539-1661 </div> <div style="text-align: right;"> #252256 24:93 28 </div> </div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: April 17, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): LT. Anderson Angela Alfaro Bonus Dep I amalfaro@lasd.org JAILER MARTINEZ-PARRA, E Mail: mlmartin@lasd.org				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – LOMITA STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: LOST HILLS SHERIFF STATION		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 27050 AGOURA ROAD CALABASAS, CALIFORNIA 91301 (818) 878-1808 </div> <div style="text-align: right;"> #254257 24:93 33 </div> </div>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: JULY 18, 2012	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): JAIL LT. JOSHUA W THAI ;E MAIL: JWTHAI@lasd.org SPIELER, CUSTODY ASSISTANT (818) 878-1808 EXT 3020, 3021 email report, CAPTAIN JOE STEPHEN E MAIL: JHSTEPHE@LASD.ORG			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH SERVICES
SUMMARY OF NUTRITIONAL EVALUATION - 2012
LOS ANGELES COUNTY SHERIFF DEPARTMENT — LOST HILLS STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT FACILITY HEALTH INSPECTION REPORT

Adult Type I, II, III and IV Facilities
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: Malibu Lost Hills Sheriff Station		COUNTY: Los Angeles		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 27050 Agoura Road Agoura Hills, CA 91301 818.878.1808				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1302:	Type I: X	Type II:	Type III:	Type IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED:		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED: May 25, 2012		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE): Tia Mao, RN, BSN, MSHCM, PHN; Medical/Mental Health Evaluator; 626.430.5406				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Christopher Redendaugh, deputy; 818.878.1808 Victoria Mack, Jailer; 818.878.1808 Hugo Mosquera, Sergeant; 818.878.1808				

This checklist is to be completed pursuant to the attached instructions.

LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF MEDICAL EVALUATION – 2012
CCR Title 15, Health and Safety Code Section 101045
MALIBU LOST HILLS SHERIFF STATION

Due to the increase in cases of Methicillin Resistant Staphylococcus Aureus (MRSA) identified in the Los Angeles Community, and the number of diagnosed cases of MRSA now housed in segregated housing in Los Angeles County Sheriff's Jails, the Health Officer has advised that the initial medical screening of inmates performed by deputies/custody officers prior to admission into a custody setting should include a medical assessment for skin lesions.

The emergence of MRSA as a cause of inmate skin and soft tissue infections presents a challenge to correctional facilities, health care providers and public health agencies. During the annual inspections of detention facilities, inspectors have been advised of cases of MRSA among custody staff. To reduce exposure and infection in custody staff, they are encouraged to wash hands frequently, use a hand sanitizer between hand washing and disinfect used handcuffs with MRSA killing disinfectant. The product should specifically state that it will kill MRSA. Products that kill MRSA can be found at the Sheriff's Central Supply Department. The product names have been given to each station jails to be ordered and for usage.

The current practice in all detention settings at the time of booking is to screen inmates for communicable diseases such as Tuberculosis, sexually transmitted disease, HIV/aids and hepatitis. The medical screening process should be modified to include observations for suspect skin lesions, and a question that asks the inmate if he/she has any sores, boils, pimples, lumps, rashes, enlarged non tender lumps under the arms, on the neck or in the groin area, any spider/insect bites or any skin infections/lesions anywhere on the body.

Should a suspect lesion be identified on a "Remand" from Court, current medical recommendations advises cover small lesions with a Band-Aid/dressing. Large open wounds require the usual medical approval prior to booking into the custody setting.

Based on Facility Specific Manual, staff interview and facility jail walk through, the following deficiency have been identified:

1. In the absence of medically trained personnel, at the time of intake into the facility, an inquiry should be made to determine if the inmate has or has had any communicable diseases, or has observable symptoms of communicable diseases, including but not limited to tuberculosis or other airborne diseases, or other emerging special medical problems such as MRSA. The response to observations and questions regarding skin lesions should be documented on the medical screening form. The County Public Health Authority has identified MRSA as an evolving medical problem in the community. (T-15-1051 and T-15-1207)
2. The sick call policy is in place; however, there were no evidence of sick call performed on a daily basis. Sick call should continue to be documented on the jail log or in the new computer system "UDAL." Because station jails function differently than custody, pill call can be used interchangeably with sick call within the UDAL system. (T-15-1211)

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: MARINA DEL REY SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 13851 FIJI WAY MARINA DEL REY, CALIFORNIA 90292 (310) 482-6000 </div> <div style="text-align: right;"> #254260 24:93 18 </div> </div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: April 3, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): ROCHELLE GORAN, ADMINISTRATIVE JAILER, E MAIL: rgoran@lasd.org (310) 482-6000 SGT. OCTAVE, BLANCHE E MAIL: BEONCTAVE@lasd.org (310) 482- 6000 LT. CHRISTOPHER YVETTE				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – MARINA DEL REY STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: MEN'S CENTRAL JAIL		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 441 BAUCHET STREET #254276 LOS ANGELES, CALIFORNIA 90012 24:95 (213) 974-4911 6			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: June 6 & 12 2012; July 31, 2012	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: <u>pdao@ph.lacounty.gov</u>			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SGT: ALVIN MARTIN <u>erbrowker@lasd.org</u> and <u>trhorn@lasd.org</u> (213) 974-0131			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH SERVICES
SUMMARY OF NUTRITIONAL EVALUATION
LOS ANGELES SHERIFF DEPARTMENT – MEN'S CENTRAL JAIL - 2012**

This report reflects the findings by the Los Angeles County Department of Health Services regarding the nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1242 Menus

Implement an inspection and audit to assure any change in the menus is documented per title 15.

1243 Food Service Plan

The facility administrator has not properly implemented the training and supervision of kitchen detention officers/kitchen employees to ensure consistent implementation of the policy and procedures of the food service plan. Practice is not consistent with policy. Investigation revealed staff (kitchen staff/Deputies) is not adhering to the policies and procedures since they are not properly washing their hands, and in some instances there was no hot water available at hand wash sinks in the kitchen.

Provide written policy and procedure in the food service plan for audit and review to insure inmates receive their prescribed medical diets.

1247 Disciplinary Isolation Diet

Provide each serving of the disciplinary diet is consistent. Each one-half of the loaf must weigh a minimum of 19 ounces cooked loaf as described in the Title 15 regulation. Investigation revealed that the disciplinary isolation diet were not properly weighed or measured.

Develop written policy on how disciplinary diet is to be heated after refrigeration. Investigation revealed isolation diet loaves were not properly heated throughout to a minimum temperature of 165 degrees Fahrenheit. Train and supervise detention officers/kitchen employees continuously to ensure the consistent implementation of the policy and procedures upon completion. Submit this policy to Health Dept. for review (pdao@ph.lacounty.gov)

1248 Medical Diets

Facility manager is not properly implementing an audit to insure that inmates receive their prescribed medical diets. Provide ongoing training/inspection and audit to address this deficiency. Provide written policy and procedure in the food service plan for audit and review to insure inmates receive their prescribed medical diets. Submit this policy for Health Dept. review to pdao@ph.lacounty.gov

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: NORTH COUNTY CORRECTIONAL FACILITY		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 29340 THE OLD ROAD SAUGUS, CALIFORNIA 91384-2905 (661) 295-7969 </div> <div style="text-align: right;"> 254279 24:95 41 </div> </div>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: MAY 4, 2012	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Gregory Hawkins, Head Cook, Sergeant Robert Reed (661) 295-7803 E MAIL: RAREED@lasd.org , (kitchen manager's office) Deputy. Samp Jim. (661) 295 7853 Email: JSamp@lasd.org			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION**

COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – North County Correctional Facility 2012

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1242 Menus

Changes to the menus were not noted in red book/food production sheet as required by Title 15 (all changes must be documented).

1243 Food Service Plan

The facility administrator has not properly implemented the training and supervision of kitchen detention officers/kitchen employees to ensure consistent implementation of the policy and procedures of the food service plan. Investigation reveal: Food cart left at room temperature without any type of temperature control.

1247 Disciplinary Isolation Diet

Provide each serving of the disciplinary diet is consistent. Each one-half of the loaf must weigh a minimum of 19 ounces cooked loaf as described in the Title 15 regulation. Investigation revealed disciplinary isolation diet were not properly weighed or measured.

Develop written policy on how disciplinary diet is to be heated after refrigeration. Investigation revealed isolation diet loaves were not properly heated throughout to a minimum temperature of 165 degrees Fahrenheit. Train and supervise detention officers/kitchen employees continuously to ensure the consistent implementation of the policy and procedures upon completion. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

1248 Medical Diets

Facility manager is not properly implementing an audit to insure that inmates receive their prescribed medical diets. Provide ongoing training/inspection and audit to address this deficiency. Provide written policy and procedure in the food service plan for audit and review to insure inmates receive their prescribed medical diets. Submit this policy for Health Dept. review to Pdao@ph.lacounty.gov

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: NORWALK SHERIFF STATION		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 12335 CIVIC CENTER DRIVE NORWALK, CALIFORNIA 90650 (562) 863-8711 </div> <div style="text-align: right;"> 24.93 #254261 20 </div> </div>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: JUNE 13, 2012	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): TARA HARDEN, JAILER ADMIN. JAILER FELIPE LEAL; E MAIL: Fleal@lasd.org JAIL LT. FRANK RIVERA; E MAIL: FRIVERA@LASD.ORG (562) 863-8711			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – NORWALK STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: PALMDALE SHERIFF STATION		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 750 EAST AVENUE Q PALMDALE, CA. 93535 (661) 272-2400 </div> <div style="text-align: right;"> #257712 24:93 66 </div> </div>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: April 26, 2012	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): LT. KenWright, Deputy Stover ,ADMINISTRATIVE JAILER E MAIL: rcstover@lasd.org 661) 272-2501 (661) 272-2400 Sgt. Allan Young			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – PALMDALE STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: PETER J. PITCHESS – RANCH FACILITY		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 23910 THE OLD ROAD CASTAIC, CALIFORNIA 91350 (661) 295-8024 </div> <div style="text-align: right;"> 254274 2495 41 </div> </div>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II:	TYPE III: X
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: April 18, 2012	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Reyes Luis Shift Cook Victor Soto, Asst Food Service Manager (661) 295-8012			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION – 2012
COUNTY OF LOS ANGELES SHERIFF’S DEPARTMENT – PETER J. PITCHESS – RANCH
FACILITY**

This report reflects the findings by the Los Angeles County Department of Public Health Services regarding the nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

Title 15, Article 12 Food

1241 Minimum Diet

Provide routine inspection and audit to determine if minimum diets were constantly in compliance with this section. Investigation revealed kitchen staff does not seem to understand the minimum diets as prescribed in this section.

1242 Menus

Provide training to kitchen staff to familiarize them as to what is a menu and what is the diet manual. Investigation revealed some senior kitchen staff does not know what a diet manual is, and they do not implement updates with current approved menus as approved by the Dietitian (as evidenced by the Dietitian’s signature on the menus).

Changes to the menus were not noted in red book/food production sheet as required by Title 15 (all changes must be documented).

1243 Food Service Plan

The facility administrator has not properly implemented the training and supervision of kitchen detention officers/kitchen employees to ensure consistent implementation of the policy and procedures of the food service plan. Practice is not consistent with policy. Investigation revealed staff is not adhering to the policies and procedures since they are not properly collecting dead man tray and provide proper daily documentation of the kitchen operation.

Provide written policy and procedure in the food service plan for audit and review to insure inmates receive their prescribed medical diets.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: PICO RIVERA SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 6631 PASSONS BOULEVARD PICO RIVERA, CALIFORNIA 90660 (562) 949-2421 </div> <div style="text-align: right;"> #254262 24:93 18 </div> </div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: July 26, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): HORAN, ADMIN. JAILER E MAIL; rghoran@lasd.org Hernandez, Jailer (562) 949-2421 SGT. Steve Dottson SDOTTSON@LASD.ORG				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION -2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – PICO RIVERA STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: PETER J. PITCHESS – SOUTH FACILITY (North Annex)		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 29330 THE OLD ROAD SAUGUS, CALIFORNIA 91384-2905 </div> <div style="text-align: right;"> 254274 24:95 41 </div> </div>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION:		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION:		DATE INSPECTED: JULY 12, 2012	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
MEDICAL/MENTAL HEALTH EVALUATION:		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION – 2012
COUNTY OF LOS ANGELES SHERIFF’S DEPARTMENT – PETER J. PITCHESS – SOUTH
FACILITY**

This report reflects the findings by the Los Angeles County Department of Public Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Facility administrator:

Train and supervise detention officers/kitchen employees continuously to ensure consistent implementation of the policy and procedures upon completion of the food service plan.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: PITCHESS DETENTION CENTER -EAST		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 29340 THE OLD ROAD SAUGUS, CALIFORNIA 91384-2905 (661) 295-8812 </div> <div style="text-align: right;"> 254272 2495 41 </div> </div>			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: X	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: August 2, 2012	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SENIOR DEPUTY ROMERO LT. Daniel Ross			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION – 2012
COUNTY OF LOS ANGELES SHERIFF’S DEPARTMENT – PETER J. PITCHESS – EAST FACILITY**

This report reflects the findings by the Los Angeles County Department of Public Health Services regarding the nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Facility administrator:

Train and supervise detention officers/kitchen employees continuously to ensure consistent implementation of the policy and procedures of the food service plan.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: PITCHESS DETENTION CENTER NORTH		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 29300 THE OLD ROAD 254273 SAUGUS, CALIFORNIA 91384-2905 2495 (661) 295-8840 41				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I:	TYPE II: <input checked="" type="checkbox"/>	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: July 19, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SGT.Stephen Basso, sibasso@lasd.org (661) 295-8840 Vincent Grant, SENIOR DEPUTY				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION – 2012
COUNTY OF LOS ANGELES SHERIFF’S DEPARTMENT – PETER J. PITCHESS – NORTH
FACILITY**

This report reflects the findings by the Los Angeles County Department of Public Health Services regarding the nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Facility administrator:

Train and supervise detention officers/kitchen employees continuously to ensure consistent implementation of the policy and procedures of the food service plan.

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: SAN DIMAS SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 270 S WALNUT AVENUE SAN DIMAS, CALIFORNIA 91773 (909) 599-1261 </div> <div style="text-align: right;"> #254264 24:93 35 </div> </div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: April 13, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Calhil Mark Dolfi, Admin Jailer: madolfi@lasd.org (909) 450-2750 LT. BERG ANDREW AJBERG@LASD.ORG (909)450 2709				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – SAN DIMAS STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: SANTA CLARITA SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): <div style="display: flex; justify-content: space-between;"> <div> 23740 MAGIC MOUNTAIN PARKWAY SANTA CLARITA, CALIFORNIA 91355 (661) 255-1121 </div> <div style="text-align: right;"> #254263 24:93 33 </div> </div>				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: April 11, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): LT. HERSHEY email: mwhershe@lasd.org Sgt. NAGLER email: RTNagler@lasd.org CUSTODY ASST: RICHARD BOWLES, E MAIL: rbowles@lasd.org, (661) 799-5123				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – SANTA CLARITA**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: SOUTH LOS ANGELES		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 1310 IMPERIAL HIGHWAY LOS ANGELES, CALIFORNIA 90044 (323) 820 - 6700				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: JULY 17, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SGT. STRICKLAND MICHAEL E- MAIL: MASTRICK@LASD.ORG PARKER-STUARL, CYNTHIA A1CARTER@lasd.org (#1 not L)				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – SOUTH LOS ANGELES STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: TEMPLE CITY SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 8838 EAST LAS TUNAS DRIVE TEMPLE CITY, CALIFORNIA 91780 (626) 285-7171				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: JULY 17, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Rivera, Jailer SGT. Conti Richard email: rbconti@lasd.org Lt. Salcido Julio, email jasalcid@lasd.org (626) 285- 7171 extention 3214 Harrington William, Jailer Admin email: waharrin@lasd.org				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – TEMPLE CITY STATION 2012**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: TWIN TOWER I		COUNTY: LOS ANGELES			
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 450 BAUCHET STREET LOS ANGELES, CALIFORNIA 90012 (213) 893-5030					
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:		TYPE I:	TYPE II: X	TYPE III:	TYPE IV:
ENVIRONMENTAL HEALTH EVALUATION			DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					
NUTRITIONAL EVALUATION			DATE INSPECTED: April 24, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Martin Rodriguez, FOOD SERVICES MANAGER, Garrison, Head cook WATCHCOMMANDER(213) 893-5163 ,KITCHEN; 893-5158 MAIN NUMBER 893-51900					
MEDICAL/MENTAL HEALTH EVALUATION			DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):					
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):					

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION- 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – TWIN TOWER I**

This report reflects the findings of the Los Angeles County Department of Health Services regarding the nutritional quality of the meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1242 Menus

Implement an inspection and audit to assure any change in the menus is documented per title 15.

1243 Food Service Plan

The facility administrator has not properly implemented the training and supervision of kitchen detention officers/kitchen employees to ensure consistent implementation of the policy and procedures of the food service plan.

Provide written policy and procedure in the food service plan for audit and review to insure inmates receive their prescribed medical diets.

1247 Disciplinary Isolation Diet

Provide each serving of the disciplinary diet is consistent. Each one-half of the loaf must weigh a minimum of 19 ounces cooked loaf as described in the Title 15 regulation. Investigation revealed disciplinary isolation diet were not properly weighed or measured.

Develop written policy on how disciplinary diet is to be heated after refrigeration. Investigation revealed isolation diet loaves were not properly heated throughout to a minimum temperature of 165 degrees Fahrenheit. Train and supervise detention officers/kitchen employees continuously to ensure the consistent implementation of the policy and procedures upon completion. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

1248 Medical Diets

Facility manager is not properly implementing an audit to insure that inmates receive their prescribed medical diets. Provide ongoing training/inspection and audit to address this deficiency. Provide written policy and procedure in the food service plan for audit and review to insure inmates receive their prescribed medical diets. Submit this policy for Health Dept. review to Pdao@ph.lacounty.gov

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: WALNUT SHERIFF STATION		COUNTY: LOS ANGELES		
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 21695 EAST VALLEY BOULEVARD 254266 WALNUT, CALIFORNIA 91789 24:93 (909) 595-2264 31				
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: <input checked="" type="checkbox"/>	TYPE II: <input type="checkbox"/>	TYPE III: <input type="checkbox"/>	TYPE IV: <input type="checkbox"/>
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:		
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				
NUTRITIONAL EVALUATION		DATE INSPECTED: APRIL 14, 2012		
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): Martin Kusch. Jailer admin, e mail: mwkusch@lasd.org (909) 595-2264 LT. JOSE CHAVEZ email: jlchavez@lasd.org (909) 595-2264				
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:		
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):				
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):				

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION -2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – WALNUT STATION**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).

ADULT TYPE I, II, III and IV FACILITIES
Local Detention Facility Health Inspection Report
Health and Safety Code Section 101045

CSA #: _____

FACILITY NAME: WEST HOLLYWOOD SHERIFF STATION		COUNTY: LOS ANGELES	
FACILITY ADDRESS (STREET, CITY, ZIP CODE, TELEPHONE): 720 NORTH SAN VICENTE BOULEVARD WEST HOLLYWOOD, CALIFORNIA 90069 (310) 855-8850			
CHECK THE FACILITY TYPE AS DEFINED IN TITLE 15, SECTION 1006:	TYPE I: X	TYPE II:	TYPE III:
ENVIRONMENTAL HEALTH EVALUATION		DATE INSPECTED:	
ENVIRONMENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			
NUTRITIONAL EVALUATION		DATE INSPECTED: July 18, 2012	
NUTRITIONAL EVALUATORS (NAME, TITLE, TELEPHONE): Phil Dao, REHS Environmental Health Specialist III Housing and Institutions Program 6851 Lennox Ave Suite 310 Van Nuys, California 91405 (818) 902-4453 Email: pdao@ph.lacounty.gov			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE): SGT. BOWMAN RICHARD RCBOWMAN@LASD.ORG (310) 415-2905 DEPUTY PENATE, E MAIL: aepenate@lasd.org (310) 855-8850 EXT 435 LT. LUANA HASELRIG EMAIL: lhaselr@lasda.org			
MEDICAL/MENTAL HEALTH EVALUATION		DATE INSPECTED:	
MEDICAL/MENTAL HEALTH EVALUATORS (NAME, TITLE, TELEPHONE):			
FACILITY STAFF INTERVIEWED (NAME, TITLE, TELEPHONE):			

This checklist is to be completed pursuant to the attached instructions.

**LOS ANGELES COUNTY DEPARTMENT OF PUBLIC HEALTH
SUMMARY OF NUTRITIONAL EVALUATION - 2012
COUNTY OF LOS ANGELES SHERIFF'S DEPARTMENT – WEST HOLLYWOOD**

This report reflects the findings by the Los Angeles County Department of Health Services regarding a nutritional quality of your meal service at the time of inspection. Title 15, Article 12 Food, State Code of Regulation defines the minimum diet standard for local adult detention facilities.

1243 Food Service Plan

Revise the food service plan to address the use of the added NSF approved freezer in your facility and make any necessary changes as needed to address any changes in your daily operation. Submit this policy to Health Dept. for review (Pdao@ph.lacounty.gov).